

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines

12FE4M5

Mary Bono Mack Committee

ADDRESS (number and street)

P.O. Box 3370



(Check if address is changed)

Palm Springs

CA

92263

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

mgkelley@wms-jen.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

202-659-8201

2. DATE

M M
0 1D D
0 9Y Y Y Y
2 0 0 8

3. FEC IDENTIFICATION NUMBER

C C00332890

4. IS THIS STATEMENT
- ☐
- NEW (N) OR
- ☒
- AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Meredith KelleySignature of Treasurer Electronically Filed by Meredith Kelley

Date

M M
0 1D D
0 9Y Y Y Y
2 0 0 8

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
Only**For further information contact:**
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
Candidate

Mary Bono Mack

Candidate
Party AffiliationOffice
Sought:☒

House

☐

Senate

☐

President

State

CA

District

45

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

- (d) ☐ This committee is a (National, State
(or subordinate) committee of the (Democratic,
Republican, etc.) Party.
- (e) ☐ This committee is a separate segregated fund
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

-

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

Write or Type Committee Name

Mary Bono Mack Committee

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Meredith Kelley**

Mailing Address **1155 21st ST, NW**

Suite 300

Washington **DC** **20036** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number **202** - **659** - **8201**

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Meredith Kelley**

Mailing Address **1155 21st ST, NW**

Suite 300

Washington **DC** **20036** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number **202** - **659** - **8201**

Full Name of Designated Agent

Mailing Address

CITY ▲ **STATE ▲** **ZIP CODE ▲**

Telephone number - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address

P.O. Box 3530

Rancho Cordova

CA

95741

3530

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲